

UTILITY PATENT APPLICATION
TRANSMITTAL UNDER 37 CFR 1.53(b)

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To: Commissioner for Patents
Box Patent Application
Washington, D.C. 20231

Express Mail Label No.

EL656962522US

Date: February 2, 2001

A PRINTING ASSEMBLY AND AN OPERATOR
CONTROL PANEL USER INTERFACE FOR THE
PRINTING ASSEMBLY

First Named Inventor (or Application Identifier):

Mark J. Pappalardo, et al

Enclosed are:

1. ☒ Specification
2. ☐ Sheet(s) of drawing(s)
3. ☒ Information Disclosure Statement Under 37 CFR 1.97.
4. Combined Declaration for Patent Application and Power of Attorney:
 - 4a. ☒ New
 - 4b. ☐ Copy from a prior application (37 CFR 1.63(d) (for continuation/divisional with Box 11 completed))
5. ☐ Incorporation by Reference (useable if Box 4b is checked)
6. ☒ Assignment of the invention to **Eastman Kodak Company**
7. ☐ Certified copy of a priority document
8. ☐ Associate Power of Attorney
9. ☐ Deletion of Inventor(s).

☐ The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

☐ Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

10. ☐ If a 111A application prior to examination of the above-identified application, amend the specification at Page 1, after the title, by inserting the following:
-CROSS REFERENCE TO RELATED APPLICATION
Reference is made to and priority claimed from U.S. Provisional Application Serial No. , filed , entitled .

If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information:

11. ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. :
12. ☒ Please address all written communications to Milton S. Sales, Patent Legal Staff,
Eastman Kodak Company, 343 State Street, Rochester, NY 14650-2201.
Please Direct all telephone calls to David A. Novais at (716) 588-2727.

The filing fee has been calculated as shown below:

FOR:	NO. FILED	NO. EXTRA	RATE	FEE
BASIC FEE				\$ 710
TOTAL CLAIMS	17 - 20 =	0	x 18 =	\$ 0
INDEPENDENT CLAIMS	4 - 3 =	1	x 80 =	\$ 80
MULTIPLE DEPENDENT CLAIM PRESENTED			+ 270	\$ 0
			TOTAL	\$ 790

- ☒ Please charge my Eastman Kodak Company Deposit Account No. **05-0225** in the amount of \$ 790.

A duplicate copy of this sheet is enclosed

- ☒ The Commissioner is hereby authorized to charge any additional filing fees required under 37 CFR 1.16 or credit any overpayment to Eastman Kodak Company Deposit Account No. **05-0225**.

A duplicate copy of this sheet is enclosed.

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